

**MULTIPLE DEPENDENT CLAIM  
FEE CALCULATION SHEET**  
(FOR USE WITH PTO-875)

SERIAL NO. **107522227**

FILING DATE

APPLICANT(S)

**CLAIMS**

	AS FILED		AFTER 1 <sup>st</sup> AMENDMENT		AFTER 2 <sup>nd</sup> AMENDMENT	
	IND.	DEP.	IND.	DEP.	IND.	DEP.
1	1					
2		1				
3	C	C				
4		1				
5						
6						
7						
8						
9						
10						
11						
12						
13						
14						
15						
16						
17		1				
18		1				
19		1				
20	C	C				
21		1				
22	C	C				
23		1				
24		1				
25		1				
26		1				
27		1				
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48						
49						
50						
TOTAL IND.	1	↓		↓		↓
TOTAL DEP.	11	←		←		←
TOTAL CLAIMS	12					

	AS FILED		AFTER 1 <sup>st</sup> AMENDMENT		AFTER 2 <sup>nd</sup> AMENDMENT	
	IND.	DEP.	IND.	DEP.	IND.	DEP.
51						
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99						
100						
TOTAL IND.		↓		↓		↓
TOTAL DEP.		←		←		←
TOTAL CLAIMS						